

|                                 |  |                               |   |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>PERR-125583607</i>                                    | <i>State:</i>                 | <i>Arkansas</i>                                     |
| <i>First Filing Company:</i>    | <i>Liberty Insurance Underwriters, Inc., ...</i>         | <i>State Tracking Number:</i> | <i>#102264 \$50</i>                                 |
| <i>Company Tracking Number:</i> | <i>LMG-OL-TRIPRA-AR-08-01-F</i>                          |                               |   |
| <i>TOI:</i>                     | <i>17.0 Other Liability - Claims Made/Occurrence</i>     | <i>Sub-TOI:</i>               | <i>17.0000 Other Liability Sub-TOI Combinations</i> |
| <i>Product Name:</i>            | <i>TRIPRA Other Liability</i>                            |                               |   |
| <i>Project Name/Number:</i>     | <i>LMG-OL-TRIPRA-AR-08-01-F/LMG-OL-TRIPRA-AR-08-01-F</i> |                               |   |

## Filing at a Glance

Companies: Liberty Insurance Underwriters, Inc., Liberty Mutual Insurance Company

|   |   |  |
|---|---|--|
| Product Name: TRIPRA Other Liability                  | SERFF Tr Num: PERR-125583607                          | State: Arkansas  |
| TOI: 17.0 Other Liability - Claims Made/Occurrence    | SERFF Status: Closed                                  | State Tr Num: #102264 \$50                                   |
| Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations | Co Tr Num: LMG-OL-TRIPRA-AR-08-01-F                   | State Status: Fees verified and received                     |
| Filing Type: Form                                     | Co Status:  | Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding |
|   | Authors: Neresia Torres, Olga E. Burciaga, Thomas Yoo | Disposition Date: 04/16/2008                                 |
|   | Date Submitted: 03/29/2008                            | Disposition Status: Approved                                 |
| Effective Date Requested (New): 04/28/2008            |   | Effective Date (New):  |
| Effective Date Requested (Renewal): On Approval       |   | Effective Date (Renewal):                                    |
| State Filing Description:                             |   |  |

## General Information

|   |                                       |
|---|---------------------------------------|
| Project Name: LMG-OL-TRIPRA-AR-08-01-F    | Status of Filing in Domicile: Pending |
| Project Number: LMG-OL-TRIPRA-AR-08-01-F  | Domicile Status Comments:             |
| Reference Organization:                   | Reference Number:                     |
| Reference Title:                          | Advisory Org. Circular:               |
| Filing Status Changed: 04/16/2008         |                                       |
| State Status Changed: 04/16/2008          | Deemer Date:                          |
| Corresponding Filing Tracking Number: N/A |                                       |
| Filing Description:                       |                                       |

On behalf of the Liberty International Underwriters, a division of Liberty Mutual Group (the "Companies"), we are submitting this filing in response to the Terrorism Risk Insurance Program Reauthorization Act of 2007 ("TRIPRA"). We are filing terrorism endorsements utilized by the company that have been revised to comply with the change in definition of certified acts of terrorism and other changes associate with TRIPRA. We are also filing the disclosure notices that will be provided to policyholders (both in-force and new/renewal) for informational purposes. No rates are changing as a

SERFF Tracking Number: PERR-125583607 State: Arkansas  
First Filing Company: Liberty Insurance Underwriters, Inc., ... State Tracking Number: #102264 \$50  
Company Tracking Number: LMG-OL-TRIPRA-AR-08-01-F  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
Product Name: TRIPRA Other Liability  
Project Name/Number: LMG-OL-TRIPRA-AR-08-01-F/LMG-OL-TRIPRA-AR-08-01-F

result of TRIPRA.

The forms applicable to the Management Liability/Directors & Officers and Commercial Umbrella/Excess programs are used in both Companies referenced. Please note that the Companies provided two sets of forms, one for each Company. Since the forms are identical in content and number, with the only difference being the company name, we are only submitting one set, for one of the companies. Please let us know in case you would like us to provide you with the second identical set of forms reflecting the other company name, and we will do so.

The General Liability and Liquor Liability forms are only applicable to Liberty Insurance Underwriters Inc. Please refer to the enclosed forms lists.

The Companies respectfully request that the proposed forms be implemented for all policies effective April 28, 2008 or upon the earliest possible date of acknowledgment or approval.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Companies. All correspondence related to this filing should be directed to Perr&Knight. The Companies have prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Companies, we will forward the request immediately to our contact at the Companies. The Companies' response will be submitted to your attention as soon as we receive it.

Please do not hesitate to contact us if you have any questions.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Thomas Yoo, State Filings Project Coordinator

881 Alma Real Drive, Suite 205 (888) 201-5123 [Phone]

Pacific Palisades, CA 90272

### Filing Company Information

Liberty Insurance Underwriters, Inc.

CoCode: 19917

State of Domicile: New York

55 Water Street

Group Code: 111

Company Type:

SERFF Tracking Number: PERR-125583607 State: Arkansas  
First Filing Company: Liberty Insurance Underwriters, Inc., ... State Tracking Number: #102264 \$50  
Company Tracking Number: LMG-OL-TRIPRA-AR-08-01-F  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
Product Name: TRIPRA Other Liability  
Project Name/Number: LMG-OL-TRIPRA-AR-08-01-F/LMG-OL-TRIPRA-AR-08-01-F

18th Floor

New York, NY 10041  
(212) 208-4200 ext. [Phone]

Group Name: Liberty Mutual Group State ID Number:  
FEIN Number: 13-4916020

-----

Liberty Mutual Insurance Company  
175 Berkeley Street  
Boston, MA 02117  
(617) 357-9500 ext. [Phone]

CoCode: 23043 State of Domicile: Massachusetts  
Group Code: 111 Company Type:  
Group Name: Liberty Mutual Group State ID Number:  
FEIN Number: 04-1543470

-----

SERFF Tracking Number: PERR-125583607 State: Arkansas

First Filing Company: Liberty Insurance Underwriters, Inc., ... State Tracking Number: #102264 \$50

Company Tracking Number: LMG-OL-TRIPRA-AR-08-01-F

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: TRIPRA Other Liability

Project Name/Number: LMG-OL-TRIPRA-AR-08-01-F/LMG-OL-TRIPRA-AR-08-01-F

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50 for form filing

Per Company: No

| COMPANY                              | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------------|--------|----------------|---------------|
| Liberty Insurance Underwriters, Inc. | \$0.00 | 03/29/2008     |               |
| Liberty Mutual Insurance Company     | \$0.00 | 03/29/2008     |               |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 102264       | \$50.00      | 03/28/2008 |

SERFF Tracking Number: PERR-125583607 State: Arkansas  
First Filing Company: Liberty Insurance Underwriters, Inc., ... State Tracking Number: #102264 \$50  
Company Tracking Number: LMG-OL-TRIPRA-AR-08-01-F  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
Product Name: TRIPRA Other Liability  
Project Name/Number: LMG-OL-TRIPRA-AR-08-01-F/LMG-OL-TRIPRA-AR-08-01-F

## Correspondence Summary

### Dispositions

| Status   | Created By    | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 04/16/2008 | 04/16/2008     |

SERFF Tracking Number: PERR-125583607 State: Arkansas  
First Filing Company: Liberty Insurance Underwriters, Inc., ... State Tracking Number: #102264 \$50  
Company Tracking Number: LMG-OL-TRIPRA-AR-08-01-F  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
Product Name: TRIPRA Other Liability  
Project Name/Number: LMG-OL-TRIPRA-AR-08-01-F/LMG-OL-TRIPRA-AR-08-01-F

## Disposition

Disposition Date: 04/16/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

|   |        |
|---|--------|
| Overall Percentage Rate Indicated For This Filing             | 0.000% |
| Overall Percentage Rate Impact For This Filing                | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0    |
| Effect of Rate Filing - Number of Policyholders Affected      | 0      |

SERFF Tracking Number: PERR-125583607 State: Arkansas

First Filing Company: Liberty Insurance Underwriters, Inc., ... State Tracking Number: #102264 \$50

Company Tracking Number: LMG-OL-TRIPRA-AR-08-01-F

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: TRIPRA Other Liability

Project Name/Number: LMG-OL-TRIPRA-AR-08-01-F/LMG-OL-TRIPRA-AR-08-01-F

| Item Type           | Item Name   | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty                                      | Approved    | Yes           |
| Supporting Document | Supporting Documents  | Approved    | Yes           |
| Form                | Cap on Losses from Certified Acts of Terrorism  | Approved    | Yes           |
| Form                | Policyholder Disclosure - Terrorism Insurance Premium Notice (Form C - TRIA Included) | Approved    | Yes           |
| Form                | Disclosure - Terrorism Risk Insurance Act   | Approved    | Yes           |
| Form                | Auto Exclusion of Terrorism Coverage  | Approved    | Yes           |
| Form                | Exclusion of Certified Acts of Terrorism  | Approved    | Yes           |
| Form                | Auto Exclusion of Terrorism Coverage  | Approved    | Yes           |
| Form                | Exclusion of Certified Acts of Terrorism  | Approved    | Yes           |
| Form                | Arkansas Exclusion of Punitive Damages Related to a Certified Act of Terrorism        | Approved    | Yes           |
| Form                | Policyholder Disclosure - Terrorism Insurance Premium Notice (Offer Form D)           | Approved    | Yes           |

SERFF Tracking Number: PERR-125583607 State: Arkansas

First Filing Company: Liberty Insurance Underwriters, Inc., ... State Tracking Number: #102264 \$50

Company Tracking Number: LMG-OL-TRIPRA-AR-08-01-F

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: TRIPRA Other Liability

Project Name/Number: LMG-OL-TRIPRA-AR-08-01-F/LMG-OL-TRIPRA-AR-08-01-F

## Form Schedule

| Review Status | Form Name   | Form #             | Edition Date | Form Type Action                 | Action Specific Data   | Readability | Attachment  |
|---------------|---|--------------------|--------------|----------------------------------|--|-------------|---|
| Approved      | Cap on Losses from Certified Acts of Terrorism  | TRIA-E002-0208     | 02/08        | Endorsement/Amendment/Conditions | Replaced Form #:0.00<br>LIUI CG<br>21701102<br>Executive<br>(11/03);<br>Previous Filing #: |             | TRIA-E002-0208 Cap on Losses.pdf                              |
| Approved      | Policyholder Disclosure - Terrorism Insurance Premium Notice (Form C - TRIA Included) | TRIA-N001-0208     | 02/08        | Endorsement/Amendment/Conditions | Replaced Form #:0.00<br>TRIA FORM C<br>(Ed. 1/03/03);<br>Previous Filing #:                |             | TRIA-N001-0208 Offer Form C_TRIA Included.pdf                 |
| Approved      | Disclosure - Terrorism Risk Insurance Act   | TRIA-N004-0208     | 02/08        | Endorsement/Amendment/Conditions |  | 0.00        | TRIA-N004-0208<br>TRIPRA All Lines All Options Disclosure.pdf |
| Approved      | Auto Exclusion of Terrorism Coverage  | TRIA-EX-E002-0208  | 02/08        | Endorsement/Amendment/Conditions |  | 0.00        | TRIA-EX-E002-0208<br>Auto Exclusion of Terrorism.pdf          |
| Approved      | Exclusion of Certified Acts of Terrorism  | TRIA-EX-E001-0208  | 02/08        | Endorsement/Amendment/Conditions | Replaced Form #:0.00<br>LIUI EX<br>21331102 EX<br>Excess (07/03);<br>Previous Filing #:    |             | TRIA-EX-E001-0208<br>Exclusion of Cert. Acts Excess.pdf       |
| Approved      | Auto Exclusion of Terrorism   | TRIA-UMB-E001-0208 | 02/08        | Endorsement/Amendment            |  | 0.00        | TRIA-UMB-E001-0208  |



|                                 |  |                               |   |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>PERR-125583607</i>                                    | <i>State:</i>                 | <i>Arkansas</i>                                     |
| <i>First Filing Company:</i>    | <i>Liberty Insurance Underwriters, Inc., ...</i>         | <i>State Tracking Number:</i> | <i>#102264 \$50</i>                                 |
| <i>Company Tracking Number:</i> | <i>LMG-OL-TRIPRA-AR-08-01-F</i>                          |                               |   |
| <i>TOI:</i>                     | <i>17.0 Other Liability - Claims Made/Occurrence</i>     | <i>Sub-TOI:</i>               | <i>17.0000 Other Liability Sub-TOI Combinations</i> |
| <i>Product Name:</i>            | <i>TRIPRA Other Liability</i>                            |                               |   |
| <i>Project Name/Number:</i>     | <i>LMG-OL-TRIPRA-AR-08-01-F/LMG-OL-TRIPRA-AR-08-01-F</i> |                               |   |

|          |  |                             |  |  |
|----------|--|-----------------------------|--|--|
|          | Coverage   | E001-0208                   | ent/Condi<br>ons   | Auto<br>Exclusion of<br>Terrorism.pdf  |
| Approved | Exclusion of<br>Certified Acts of<br>Terrorism   | TRIA-UMB-<br>E002-0208      | 02/08<br>Endorseme Replaced<br>nt/Amendm<br>ent/Condi<br>ons | Replaced Form #:0.00<br>LIUI CU<br>21331102 UMB<br>Umbrella (07/03);<br><br>Previous Filing #:<br>Replaced Form #:0.00<br>LMIL03UMB3800<br>11106<br>Previous Filing #: |
| Approved | Arkansas<br>Exclusion of<br>Punitive<br>Damages<br>Related to a<br>Certified Act of<br>Terrorism | TRIA-UMBEX-<br>E001-AR-0208 | 02/08<br>Endorseme Replaced<br>nt/Amendm<br>ent/Condi<br>ons | TRIA-UMBEX-<br>E001-AR-0208<br>Exclusion of<br>Punitves_Ar<br>kansas.pdf   |
| Approved | Policyholder<br>Disclosure -<br>Terrorism<br>Insurance<br>Premium Notice<br>(Offer Form D)       | TRIA-N002-0208              | 02/08<br>Disclosure/ Replaced<br>Notice                      | Replaced Form #:0.00<br>LMIL00ALL55004<br>1106<br>Previous Filing #:   |



---

## **LIBERTY INSURANCE UNDERWRITERS INC.**

(A member of Liberty Mutual Group and hereinafter "the Company")

### **ENDORSEMENT NO. 1**

---

**Effective Date:**

**Policy Number:**

**Issued To:**

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the above captioned policy.

#### **A. Cap On Certified Terrorism Losses**

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

#### **B. Application Of Exclusions**

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

---

## **LIBERTY INSURANCE UNDERWRITERS INC.**

(A member of Liberty Mutual Group and hereinafter "the Company")

### **ENDORSEMENT NO. 1**

---

**Effective Date:**

**Policy Number:**

**Issued To:**

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **POLICYHOLDER DISCLOSURE – TERRORISM INSURANCE PREMIUM NOTICE**

**This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.**

#### **THE TERRORISM RISK INSURANCE ACT**

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from a "certified act of terrorism" exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

#### **MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM**

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

A "certified act of terrorism" means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to –
  - (I) human life;
  - (II) property; or
  - (III) infrastructure;
- (iii) to have resulted in damage within the United States, or outside of the United States in the case of –

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and
- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**MANDATORY PREMIUM DISCLOSURE STATEMENT**

Your policy does not contain an exclusion for losses resulting from “certified acts of terrorism.” Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy.

The premium charge for this coverage for the policy period is \$0.

**YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.**

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your sales representative or agent.

---

## **LIBERTY INSURANCE UNDERWRITERS INC.**

(A member of Liberty Mutual Group and hereinafter "the Company")

### **ENDORSEMENT NO. 1**

---

**Effective Date:**

**Policy Number:**

**Issued To:**

---

### **DISCLOSURE – TERRORISM RISK INSURANCE ACT**

#### **THIS ENDORSEMENT IS MADE PART OF YOUR POLICY PURSUANT TO THE TERRORISM RISK INSURANCE ACT.**

In accordance with the Terrorism Risk Insurance Act, including all amendments, ("TRIA" or the "Act"), we are required to provide you with a notice of the portion of your premium attributable to coverage for "certified acts of terrorism," the federal share of payment of losses from such acts, and the limitation or "cap" on our liability under the Act.

#### **Disclosure of Premium**

The Company has made available coverage for "certified acts of terrorism" as defined in the Act. If purchased, the portion of your premium attributable to coverage for "certified acts of terrorism" is shown in the Declarations, Declarations Extension Schedule or elsewhere by endorsement in your policy.

#### **Federal Participation In Payment Of Terrorism Losses**

If an individual insurer's losses exceed a deductible amount specified in the Act, the federal government will reimburse the insurer for 85% of losses paid in excess of the deductible, provided that aggregate industry losses from a "certified act of terrorism" exceed \$100 million.

#### **Cap On Insurer Participation In Payment Of Terrorism Losses**

If aggregate insured losses attributable to "certified acts of terrorism" exceed \$100 billion in a calendar year and we have met our deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion. Nor shall Treasury make any payment for any portion of the amount of such losses that exceeds \$100 billion. In such case, insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

---

## **LIBERTY INSURANCE UNDERWRITERS INC.**

(A member of Liberty Mutual Group and hereinafter "the Company")

### **ENDORSEMENT NO. 1**

---

**Effective Date:**

**Policy Number:**

**Issued To:**

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **AUTO EXCLUSION OF TERRORISM COVERAGE**

This endorsement modifies insurance provided under the following:

#### **EXCESS LIABILITY POLICY**

**A. The provisions of this endorsement:**

- 1.** Apply only to "loss" arising out of the ownership, maintenance or use of any "auto" that is a "covered auto" under this Coverage Part; and
- 2.** Supersede the provisions of any other endorsement addressing terrorism attached to this Coverage Part only with respect to "bodily injury" or "property damage" arising out of the ownership, maintenance or use of any "auto" that is a "covered auto".

**B. The following definitions are added and apply under this endorsement wherever the term terrorism, or the phrase any injury or damage, are enclosed in quotation marks:**

- 1.** "Terrorism" means activities against persons, organizations or property of any nature:
  - a.** That involve the following or preparation for the following:
    - (1)** Use or threat of force or violence; or
    - (2)** Commission or threat of a dangerous act; or
    - (3)** Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
  - b.** When one or both of the following applies:
    - (1)** The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
    - (2)** It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
- 2.** "Any injury or damage" means any injury or damage covered under any Coverage Part or underlying insurance to which this endorsement is applicable, and includes but is not limited to "loss" as may be defined in any applicable Coverage Part or underlying insurance.

C. The following exclusion is added:

**EXCLUSION OF TERRORISM**

We will not pay for “any injury or damage” caused directly or indirectly by “terrorism”, including action in hindering or defending against an actual or expected incident of “terrorism”. “Any injury or damage” is excluded regardless of any other cause or event that contributes concurrently or in any sequence to such injury or damage.

**But this exclusion applies only when one or more of the following are attributed to an incident of “terrorism”:**

1. The “terrorism” is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or
2. Radioactive material is released, and it appears that one purpose of the “terrorism” was to release such material; or
3. The “terrorism” is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
4. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the “terrorism” was to release such materials; or
5. The total of insured damage to all types of property exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the “terrorism” and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions; or
6. Fifty or more persons sustain death or serious physical injury. For the purposes of this provision, serious physical injury means:
  - a. Physical injury that involves a substantial risk of death; or
  - b. Protracted and obvious physical disfigurement; or
  - c. Protracted loss of or impairment of the function of a bodily member or organ.

Multiple incidents of “terrorism” which occur within a 72-hour period and appear to be carried out in concert or to have a related purpose or common leadership will be deemed to be one incident, for the purpose of determining whether the thresholds in Paragraphs **C.5.** or **C.6.** are exceeded.

With respect to this Exclusion, Paragraphs **C.5.** and **C.6.** describe the threshold used to measure the magnitude of an incident of “terrorism” and the circumstances in which the threshold will apply, for the purpose of determining whether this Exclusion will apply to that incident. When the Exclusion applies to an incident of “terrorism”, there is no coverage under this Coverage Part.

In the event of any incident of “terrorism” that is not subject to this Exclusion, coverage does not apply to “any injury or damage” that is otherwise excluded under this Coverage Part.



---

## **LIBERTY INSURANCE UNDERWRITERS INC.**

(A member of Liberty Mutual Group and hereinafter "the Company")

### **ENDORSEMENT NO. 1**

---

**Effective Date:**

**Policy Number:**

**Issued To:**

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **EXCLUSION OF CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

**Excess Insurance Policy**

**A.** The following exclusion is added:

This insurance does not apply to any "loss" arising out of or related in any way, whether directly or indirectly to:

**TERRORISM**

**B.** The following definitions are added:

- 1.** For the purposes of this endorsement, "any injury or damage" means any injury or damage covered under any Coverage Part to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", "personal and advertising injury", "injury" or "environmental damage" as may be defined in any applicable Coverage Part or underlying insurance.
- 2.** "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:
  - a.** The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
  - b.** The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

---

## **LIBERTY INSURANCE UNDERWRITERS INC.**

(A member of Liberty Mutual Group and hereinafter "the Company")

### **ENDORSEMENT NO. 1**

---

**Effective Date:**

**Policy Number:**

**Issued To:**

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **AUTO EXCLUSION OF TERRORISM COVERAGE**

This endorsement modifies insurance provided under the following:

#### **COMMERCIAL LIABILITY UMBRELLA COVERAGE PART**

**A. The provisions of this endorsement:**

- 1.** Apply only to "bodily injury" or "property damage" arising out of the ownership, maintenance or use of any "auto" that is a covered auto under this Coverage Part; and
- 2.** Supersede the provisions of any other endorsement addressing terrorism attached to this Coverage Part only with respect to "bodily injury" or "property damage" arising out of the ownership, maintenance or use of any "auto" that is a covered auto.

**B. The following definitions are added and apply under this endorsement wherever the term terrorism, or the phrase any injury or damage, are enclosed in quotation marks:**

- 1.** "Terrorism" means activities against persons, organizations or property of any nature:
  - a.** That involve the following or preparation for the following:
    - (1)** Use or threat of force or violence; or
    - (2)** Commission or threat of a dangerous act; or
    - (3)** Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
  - b.** When one or both of the following applies:
    - (1)** The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
    - (2)** It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
- 2.** "Any injury or damage" means any injury or damage covered under any Coverage Part or underlying insurance to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", "personal injury", "advertising injury", injury or environmental damage as may be defined in any applicable Coverage Part or underlying insurance.

C. The following exclusion is added:

**EXCLUSION OF TERRORISM**

We will not pay for “any injury or damage” caused directly or indirectly by “terrorism”, including action in hindering or defending against an actual or expected incident of “terrorism”. “Any injury or damage” is excluded regardless of any other cause or event that contributes concurrently or in any sequence to such injury or damage.

**But this exclusion applies only when one or more of the following are attributed to an incident of “terrorism”:**

1. The “terrorism” is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or
2. Radioactive material is released, and it appears that one purpose of the “terrorism” was to release such material; or
3. The “terrorism” is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
4. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the “terrorism” was to release such materials; or
5. The total of insured damage to all types of property exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the “terrorism” and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions; or
6. Fifty or more persons sustain death or serious physical injury. For the purposes of this provision, serious physical injury means:
  - a. Physical injury that involves a substantial risk of death; or
  - b. Protracted and obvious physical disfigurement; or
  - c. Protracted loss of or impairment of the function of a bodily member or organ.

Multiple incidents of “terrorism” which occur within a 72-hour period and appear to be carried out in concert or to have a related purpose or common leadership will be deemed to be one incident, for the purpose of determining whether the thresholds in Paragraphs **C.5.** or **C.6.** are exceeded.

With respect to this Exclusion, Paragraphs **C.5.** and **C.6.** describe the threshold used to measure the magnitude of an incident of “terrorism” and the circumstances in which the threshold will apply, for the purpose of determining whether this Exclusion will apply to that incident. When the Exclusion applies to an incident of “terrorism”, there is no coverage under this Coverage Part.

In the event of any incident of “terrorism” that is not subject to this Exclusion, coverage does not apply to “any injury or damage” that is otherwise excluded under this Coverage Part.

---

## **LIBERTY INSURANCE UNDERWRITERS INC.**

(A member of Liberty Mutual Group and hereinafter "the Company")

### **ENDORSEMENT NO. 1**

---

**Effective Date:**

**Policy Number:**

**Issued To:**

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **EXCLUSION OF CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

#### **Umbrella Insurance Policy**

**A.** The following exclusion is added:

This insurance does not apply to "bodily injury", "property damage", "personal injury" or "advertising injury" arising out of:

#### **TERRORISM**

**B.** The following definitions are added:

- 1.** For the purposes of this endorsement, "any injury or damage" means any injury or damage covered under any Coverage Part to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", "personal and advertising injury", "injury" or "environmental damage" as may be defined in any applicable Coverage Part or underlying insurance.
- 2.** "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:
  - a.** The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
  - b.** The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

---

## **LIBERTY INSURANCE UNDERWRITERS INC.**

(A member of Liberty Mutual Group and hereinafter "the Company")

### **ENDORSEMENT NO. 1**

---

**Effective Date:**

**Policy Number:**

**Issued To:**

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **ARKANSAS EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM**

This endorsement modifies insurance provided under the following:

**[Insert liability lines, primary and excess]**

**A.** The following exclusion is added:

This insurance does not apply to:

**TERRORISM PUNITIVE DAMAGES**

Damages arising, directly or indirectly, out of a "certified act of terrorism" that are awarded as "punitive damages".

**B.** The following definitions are added:

- 1.** "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:
  - a.** The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
  - b.** The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- 2.** "Punitive damages" means damages that may be imposed to punish a wrongdoer and to deter others from similar conduct.

DATE

Policyholder Name and Address

Policy Number

Effective: mm/dd/yy

## **POLICYHOLDER DISCLOSURE**

### **NOTICE OF OFFER TO PURCHASE TERRORISM INSURANCE FOR POLICY PERIOD**

This notice contains important information about the Terrorism Risk Insurance Act and your option to purchase terrorism insurance coverage. Please read it carefully.

#### **THE TERRORISM RISK INSURANCE ACT**

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act") establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from a "certified act of terrorism" exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

#### **MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM**

TRIA requires insurers to offer coverage for losses resulting from "certified acts of terrorism" that could otherwise be excluded and to specify the premium for this coverage. You have the option to accept or reject this coverage.

A "certified act of terrorism" means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to –
  - (I) human life;
  - (II) property; or
  - (III) infrastructure;
- (iii) to have resulted in damage within the United States, or outside of the United States in the case of –
  - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
  - (II) the premises of a United States mission; and
- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

---

## **HOW THE ACT AFFECTS YOUR POLICY AND WHAT YOU MUST DO**

### **SELECTION OR REJECTION OF OPTIONAL TERRORISM INSURANCE COVERAGE**

You have the option of purchasing coverage for losses resulting from “certified acts of terrorism.” The premium for optional terrorism coverage is in addition to any mandatory premium shown on the attached Terrorism Coverage Election Form. Coverage for losses from “certified acts of terrorism” is still subject to, and may be limited by, all other terms, conditions and exclusions contained in your policy.

The premium charge for this coverage for the policy period is \$\_\_\_\_\_.

**Note:** With respect to Excess, Umbrella, or Umbrella Excess Liability policies, this offer of coverage pertains only to those lines of business covered by TRIA and, more specifically, does not apply to commercial automobile insurance. In addition, this offer of TRIA coverage is expressly conditioned upon your acceptance of coverage for “certified acts of terrorism” on all underlying insurance policies that are subject to TRIA. If you reject such coverage on your primary liability policies, you must also reject it on your Excess, Umbrella or Umbrella Excess policy.

If you reject this offer, you will not be covered for losses resulting from “certified acts of terrorism.”

Please indicate on the attached coverage election form, whether you accept or reject this offer. If we do not receive a completed Terrorism Coverage Election Form from you, coverage for “certified acts of terrorism” will be excluded from your policy.

DATE

Policyholder Name and Address

Policy Number

Effective: mm/dd/yy

### **TERRORISM COVERAGE ELECTION FORM**

PLEASE INDICATE YOUR ELECTION TO ACCEPT OR REJECT THIS OFFER BELOW:

- ☐ I hereby elect to purchase coverage for “certified acts of terrorism” for the policy period for [\$\_\_\_\_\_].
- ☐ hereby reject this offer of coverage for the policy period. I understand that by rejecting this offer, I will have no coverage for losses arising from “certified acts of terrorism.”

### **MANDATORY PREMIUM DISCLOSURE STATEMENT**

Fire insurance is mandatory in some states. The premium charge for fire losses that result from “certified acts of terrorism” and occur in states that require this coverage is \$\_\_\_\_\_ and is included in the total premium amount shown above. This mandatory premium will be charged whether you accept or reject terrorism coverage. **[Drafting Note: Insert mandatory premium component for policy period or “Not Applicable” if certified act exclusion applicable to all exposures and no other statutorily mandated coverage is provided].**

### **POLICYHOLDER ACKNOWLEDGEMENT**

I hereby acknowledge that I have received notice of TRIA, the federal share of compensation for “certified acts of terrorism,” the premium charge for losses covered by TRIA, and the Company’s limit of liability should losses covered by TRIA exceed \$100 billion.

\_\_\_\_\_  
Policyholder/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.**

If you have any questions regarding this notice, please contact your sales representative or agent.



|                                 |  |                               |   |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>PERR-125583607</i>                                    | <i>State:</i>                 | <i>Arkansas</i>                                     |
| <i>First Filing Company:</i>    | <i>Liberty Insurance Underwriters, Inc., ...</i>         | <i>State Tracking Number:</i> | <i>#102264 \$50</i>                                 |
| <i>Company Tracking Number:</i> | <i>LMG-OL-TRIPRA-AR-08-01-F</i>                          |                               |   |
| <i>TOI:</i>                     | <i>17.0 Other Liability - Claims Made/Occurrence</i>     | <i>Sub-TOI:</i>               | <i>17.0000 Other Liability Sub-TOI Combinations</i> |
| <i>Product Name:</i>            | <i>TRIPRA Other Liability</i>                            |                               |   |
| <i>Project Name/Number:</i>     | <i>LMG-OL-TRIPRA-AR-08-01-F/LMG-OL-TRIPRA-AR-08-01-F</i> |                               |   |

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125583607 State: Arkansas  
First Filing Company: Liberty Insurance Underwriters, Inc., ... State Tracking Number: #102264 \$50  
Company Tracking Number: LMG-OL-TRIPRA-AR-08-01-F  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
Product Name: TRIPRA Other Liability  
Project Name/Number: LMG-OL-TRIPRA-AR-08-01-F/LMG-OL-TRIPRA-AR-08-01-F

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/16/2008

**Comments:**

**Attachments:**

AR FFS.pdf  
AR PCTD.pdf

**Satisfied -Name:** Supporting Documents **Review Status:** Approved 04/16/2008

**Comments:**

**Attachments:**

AR Forms List.pdf  
TRIA Expedited Filing Form AR.pdf  
PK Filing Authorization for LIUI021508.pdf  
PK Filing Authorization for LMIC021508.pdf

**PROPERTY & CASUALTY FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms.)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by the state.)

| <b>This filing transmittal is part of Company Tracking #</b>  |   |   |   | LMG-OL-TRIPRA-AR-08-01-F   |   |
|---|---|---|---|--|---|
| <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) |   |   |   | N/A  |   |
|   | <b>Form Name/<br/>Description/Synopsis</b>  | <b>Form#<br/>Include edition<br/>Date</b> | <b>Replacement<br/>Or<br/>Withdrawn</b>   | <b>If replacement, give form #<br/>it replaces</b>   | <b>Previous<br/>state filing<br/>number, (if<br/>required by<br/>state)</b> |
| 1   | Cap on Losses from Certified Acts of Terrorism  | TRIA-E002-0208                            | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | LIUI CG 21701102 Executive (11/03);<br>LIUI CU 21301102 UMB Umbrella (07/03);<br>LIUI EX 21301102 EX Excess (07/03);<br>LMIC CU 21301102 UMB Umbrella (07/03);<br>LMIC EX 21301102 EX Excess (07/03);<br>LMIC EX 21301102 Excess (12/03) |   |
| 2   | Policyholder Disclosure - Terrorism Insurance Premium Notice (Form C - TRIA Included) | TRIA-N001-0208                            | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | TRIA FORM C (Ed. 1/03/03);<br>TRIA-C-L.011003  |   |
| 3   | Disclosure - Terrorism Risk Insurance Act   | TRIA-N004-0208                            | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | N/A  |   |
| 4   | Auto Exclusion of Terrorism Coverage  | TRIA-EX-E002-0208                         | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | N/A  |   |
| 5   | Exclusion of Certified Acts of Terrorism  | TRIA-EX-E001-0208                         | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | LIUI EX 21331102 EX Excess (07/03);<br>LMIC EX 21331102 Excess (12/03);<br>LMIC EX 21331102 EX Excess (07/03)  |   |
| 6   | Auto Exclusion of Terrorism Coverage  | TRIA-UMB-E001-0208                        | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | N/A  |   |
| 7   | Exclusion of Certified Acts of Terrorism  | TRIA-UMB-E002-0208                        | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | LIUI CU 21331102 UMB Umbrella (07/03);<br>LMIC CU 21331102 UMB Umbrella (07/03)  |   |
| 8   | Arkansas Exclusion of Punitive Damages Related to a Certified Act of Terrorism        | TRIA-UMBEX-E001-AR-0208                   | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | LMIL03UMB380011106   |   |
| 9   | Policyholder Disclosure - Terrorism Insurance Premium Notice (Offer Form D)           | TRIA-N002-0208                            | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | LMIL00ALL550041106   |   |

PC FFS - 1


## Property &amp; Casualty Transmittal Document

|   |   |  |
|---|---|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b> |  |
|   | a. Date the filing is received:         |  |
|   | b. Analyst:                             |  |
|   | c. Disposition:                         |  |
|   | d. Date of disposition of the filing:   |  |
|   | e. Effective date of filing:            |  |
|   | New Business                            |  |
|   | Renewal Business                        |  |
|   | f. State Filing #:                      |  |
|   | g. SERFF Filing #:                      |  |
| h. Subject Codes                                |   |  |

|                                     |                      |               |               |                |                     |     |
|-------------------------------------|----------------------|---------------|---------------|----------------|---------------------|-----|
| <b>3. Group Name</b>                | Liberty Mutual Group |               |               |                | <b>Group NAIC #</b> | 111 |
| <b>4. Company Name(s)</b>           | <b>Domicile</b>      | <b>NAIC #</b> | <b>FEIN #</b> | <b>State #</b> |                     |     |
| Liberty Insurance Underwriters Inc. | NY                   | 19917         | 13-4916020    |                |                     |     |
| Liberty Mutual Insurance Company    | MA                   | 23043         | 04-1543470    |                |                     |     |
|                                     |                      |               |               |                |                     |     |
|                                     |                      |               |               |                |                     |     |
|                                     |                      |               |               |                |                     |     |
|                                     |                      |               |               |                |                     |     |

|                                   |                          |
|-----------------------------------|--------------------------|
| <b>5. Company Tracking Number</b> | LMG-OL-TRIPRA-AR-08-01-F |
|-----------------------------------|--------------------------|

## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

|  |                |  |              |                    |
|--|----------------|--|--------------|--------------------|
| <b>6. Name and address</b>   | <b>Title</b>   | <b>Telephone #s</b>  | <b>FAX #</b> | <b>e-mail</b>      |
| Thomas Yoo<br>881 Alma Real Drive Suite 205<br>Pacific Palisades, CA 90272 | Filing Analyst | 888-201-5123<br>x151   | 310-230-8529 | doi@perrknight.com |
|  |                |  |              |                    |
| <b>7. Signature of authorized filer</b>                                    |                |  |              |                    |
| <b>8. Please print name of authorized filer</b>                            |                | Thomas Yoo   |              |                    |

## Filing information (see General Instructions for descriptions of these fields)

|   |  |
|---|--|
| <b>9. Type of Insurance (TOI)</b>   | 17.0 Other Liability-Occ/Claims Made   |
| <b>10. Sub-Type of Insurance (Sub-TOI)</b>  | 17.0000 Other Liability Sub-TOI Combinations   |
| <b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b> | N/A  |
| <b>12. Company Program Title (Marketing title)</b>  | TRIPRA Other Liability   |
| <b>13. Filing Type</b>  | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14. Effective Date(s) Requested</b>  | New: April 28, 2008   Renewal: Upon Approval   |
| <b>15. Reference Filing?</b>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>16. Reference Organization (if applicable)</b>   | N/A  |
| <b>17. Reference Organization # &amp; Title</b>   | N/A  |
| <b>18. Company's Date of Filing</b>   | March 29, 2008   |
| <b>19. Status of filing in domicile</b>   | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document—

|            |  |                                 |
|------------|--|---------------------------------|
| <b>20.</b> | <b>This filing transmittal is part of Company Tracking #</b> | <b>LMG-OL-TRIPRA-AR-08-01-F</b> |
|------------|--|---------------------------------|

|            |  |
|------------|--|
| <b>21.</b> | <b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

On behalf of the Liberty International Underwriters, a division of Liberty Mutual Group (the "Companies"), we are submitting this filing in response to the Terrorism Risk Insurance Program Reauthorization Act of 2007 ("TRIPRA"). We are filing terrorism endorsements utilized by the company that have been revised to comply with the change in definition of certified acts of terrorism and other changes associate with TRIPRA. We are also filing the disclosure notices that will be provided to policyholders (both in-force and new/renewal) for informational purposes. No rates are changing as a result of TRIPRA.

The forms applicable to the Management Liability/Directors & Officers and Commercial Umbrella/Excess programs are used in both Companies referenced. Please note that the Companies provided two sets of forms, one for each Company. Since the forms are identical in content and number, with the only difference being the company name, we are only submitting one set, for one of the companies. Please let us know in case you would like us to provide you with the second identical set of forms reflecting the other company name, and we will do so.

The General Liability and Liquor Liability forms are only applicable to Liberty Insurance Underwriters Inc. Please refer to the enclosed forms lists.

The Companies respectfully request that the proposed forms be implemented for all policies effective upon the earliest possible date of acknowledgment or approval.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Companies. All correspondence related to this filing should be directed to Perr&Knight. The Companies have prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Companies, we will forward the request immediately to our contact at the Companies. The Companies' response will be submitted to your attention as soon as we receive it.

Please do not hesitate to contact us if you have any questions.

**Check #: 102264**  
**Amount: \$50.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**Liberty Insurance Underwriters Inc.**  
**2008 TRIA Forms List**

**Other Liability - Arkansas**

**Management Liability/Directors & Officers**

| <b>Form Name</b>  | <b>Form Number</b> |
|---|--------------------|
| Cap on Losses from Certified Acts of Terrorism*                                       | TRIA-E002-0208     |
| Policyholder Disclosure - Terrorism Insurance Premium Notice (Form C - TRIA Included) | TRIA-N001-0208     |
| Disclosure - Terrorism Risk Insurance Act*  | TRIA-N004-0208     |

**Commercial Umbrella/Excess**

| <b>Form Name</b>   | <b>Form Number</b>      |
|--|-------------------------|
| Cap on Losses from Certified Acts of Terrorism                                 | TRIA-E002-0208          |
| Auto Exclusion of Terrorism Coverage (Excess)                                  | TRIA-EX-E002-0208       |
| Exclusion of Certified Acts of Terrorism (Excess)                              | TRIA-EX-E001-0208       |
| Auto Exclusion of Terrorism Coverage (Umbrella)                                | TRIA-UMB-E001-0208      |
| Exclusion of Certified Acts of Terrorism (Umbrella)                            | TRIA-UMB-E002-0208      |
| Arkansas Exclusion of Punitive Damages Related to a Certified Act of Terrorism | TRIA-UMBEX-E001-AR-0208 |
| Policyholder Disclosure - Terrorism Insurance Premium Notice (Offer Form D)*   | TRIA-N002-0208          |
| Disclosure - Terrorism Risk Insurance Act*                                     | TRIA-N004-0208          |

**General Liability (ISO Based Program)**

| <b>Form Name</b>   | <b>Form Number</b> |
|--|--------------------|
| Cap on Losses from Certified Acts of Terrorism*                              | TRIA-E002-0208     |
| Policyholder Disclosure - Terrorism Insurance Premium Notice (Offer Form D)* | TRIA-N002-0208     |
| Disclosure - Terrorism Risk Insurance Act*                                   | TRIA-N004-0208     |

**Liquor Liability (ISO Based Program)**

| <b>Form Name</b>   | <b>Form Number</b> |
|--|--------------------|
| Cap on Losses from Certified Acts of Terrorism*  | TRIA-E002-0208     |
| Policyholder Disclosure - Terrorism Insurance Premium Notice (Form C - TRIA Included)* | TRIA-N001-0208     |
| Disclosure - Terrorism Risk Insurance Act*   | TRIA-N004-0208     |

\* Form listed multiple times because utilized under multiple product lines.

**Liberty Mutual Insurance Company**  
**2008 TRIA Forms List**

**Other Liability - Arkansas**

**Management Liability/Directors & Officers**

| <b>Form Name</b>  | <b>Form Number</b> |
|---|--------------------|
| Cap on Losses from Certified Acts of Terrorism*                                       | TRIA-E002-0208     |
| Policyholder Disclosure - Terrorism Insurance Premium Notice (Form C - TRIA Included) | TRIA-N001-0208     |
| Disclosure - Terrorism Risk Insurance Act*  | TRIA-N004-0208     |

**Commercial Umbrella/Excess**

| <b>Form Name</b>   | <b>Form Number</b>      |
|--|-------------------------|
| Cap on Losses from Certified Acts of Terrorism*                                | TRIA-E002-0208          |
| Auto Exclusion of Terrorism Coverage (Excess)                                  | TRIA-EX-E002-0208       |
| Exclusion of Certified Acts of Terrorism (Excess)                              | TRIA-EX-E001-0208       |
| Auto Exclusion of Terrorism Coverage (Umbrella)                                | TRIA-UMB-E001-0208      |
| Exclusion of Certified Acts of Terrorism (Umbrella)                            | TRIA-UMB-E002-0208      |
| Arkansas Exclusion of Punitive Damages Related to a Certified Act of Terrorism | TRIA-UMBEX-E001-AR-0208 |
| Policyholder Disclosure - Terrorism Insurance Premium Notice (Offer Form D)    | TRIA-N002-0208          |
| Disclosure - Terrorism Risk Insurance Act*                                     | TRIA-N004-0208          |

\* Form listed multiple times because utilized under multiple product lines.

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s) Arkansas**

|   |
|---|
| Indicate Type of Filing   |
| <input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>         |
| <input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>                |
| <input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses |

|                     |
|---------------------|
| Department Use only |
|                     |

| Company Name(s)                      | Domicile | NAIC # | FEIN #     |
|--------------------------------------|----------|--------|------------|
| Liberty Mutual Insurance Company     | MA       | 23043  | 04-1543470 |
| Liberty Insurance Underwriters, Inc. | NY       | 19917  | 13-4916020 |

**Contact Info for Filer**

| Name and address of Filer(s)  | Telephone #          | FAX #        | e-mail             |
|---|----------------------|--------------|--------------------|
| Thomas Yoo<br>881 Alma Real Dr., Suite 205<br>Pacific Palisades, CA 90272 | 888.201.5123<br>x151 | 310.230.8529 | doi@perrknight.com |

**Filing information**

|   |  |
|---|--|
| <b>Line of Insurance</b> (see attachment)                       | 17.0000 Other Liability-Occ/Claims-Made  |
| <b>Company Program Title</b> (Marketing title) (if applicable)  | Management Liability/Directors & Officers, Commercial Umbrella/Excess Liability, General Liability, Liquor Liability |
| <b>Filing Type</b> ** see note below                            | Forms  |
| <b>This application is used with:</b>                           | Management Liability/Directors & Officers, Commercial Umbrella/Excess Liability, General Liability, Liquor Liability |
| <b>Effective Date Requested</b>                                 | April 28, 2008   |
| <b>Filing date</b>  | March 29, 2008   |
| <b>Company Tracking Number</b>                                  | <b>LMG-OL-TRIPRA-AR-08-01-F</b>  |
| <b>Date filing approved in domiciliary state, if applicable</b> | Filed Concurrently   |

|    | Component/Form Name /Description/Synopsis   | Form # or Rate Page Include edition date | Replacement Or withdrawn?   | If replacement, give form # or rate page(s) it replaces  | Previous State Filing Number, if required by state |
|----|---|--|---|--|--|
| 01 | Cap on Losses from Certified Acts of Terrorism  | TRIA -E002-0208                          | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | LIUI CG 21701102 Executive (11/03);<br>LIUI CU 21301102 UMB Umbrella (07/03);<br>LIUI EX 21301102 EX Excess (07/03);<br>LMIC CU 21301102 UMB Umbrella (07/03);<br>LMIC EX 21301102 EX Excess (07/03);<br>LMIC EX 21301102 Excess (12/03) |  |
| 02 | Policyholder Disclosure - Terrorism Insurance Premium Notice (Form C - TRIA Included) | TRIA -N001-0208                          | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | TRIA FORM C (Ed. 1/03/03);<br>TRIA-C-L.011003  |  |
| 03 | Disclosure - Terrorism Risk Insurance Act   | TRIA -N004-0208                          | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input checked="" type="checkbox"/> Neither | N/A  |  |
| 04 | Auto Exclusion of Terrorism Coverage  | TRIA -EX- E002-0208                      | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input checked="" type="checkbox"/> Neither | N/A  |  |
| 05 | Exclusion of Certified Acts of Terrorism  | TRIA -EX- E001-0208                      | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | LIUI EX 21331102 EX Excess (07/03);<br>LMIC EX 21331102 Excess (12/03);<br>LMIC EX 21331102 EX Excess (07/03)  |  |
| 06 | Auto Exclusion of Terrorism Coverage  | TRIA -UMB- E001-0208                     | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input checked="" type="checkbox"/> Neither | N/A  |  |
| 07 | Exclusion of Certified Acts of Terrorism  | TRIA -UMB- E002-0208                     | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | LIUI CU 21331102 UMB Umbrella (07/03);<br>LMIC CU 21331102 UMB Umbrella (07/03)  |  |



|    |  |                         |   |                    |  |
|----|--|-------------------------|---|--------------------|--|
| 08 | Arkansas Exclusion of Punitive Damages Related to a Certified Act of Terrorism | TRIA-UMBEX-E001-AR-0208 | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | LMIL03UMB380011106 |  |
| 09 | Policyholder Disclosure - Terrorism Insurance Premium Notice (Offer Form D)    | TRIA-N002-0208          | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | LMIL00ALL550041106 |  |

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Theresa M. Morgan

Print Name:

Senior Compliance Officer

Title:



February 15, 2008

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Liberty Insurance Underwriters, Inc. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department  
Perr&Knight, Inc.  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Tel: (888) 201-5123  
Fax: (310) 230-1061

Please contact me at 212.208.2802 if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink that reads "Theresa M. Morgan". The signature is written in a cursive, flowing style.

Theresa Morgan  
Senior Compliance Officer  
55 Water Street, 18<sup>th</sup> Floor  
New York NY 10041  
212.208.2802  
theresa.morgan@libertyiu.com



February 15, 2008

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Liberty Mutual Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department  
Perr&Knight, Inc.  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Tel: (888) 201-5123  
Fax: (310) 230-1061

Please contact me at 212.208.2802 if you have any questions regarding this authorization.

Sincerely,

Theresa Morgan  
Assistant Secretary  
55 Water Street, 18<sup>th</sup> Floor  
New York NY 10041  
212.208.2802  
theresa.morgan@libertyiu.com